



Preventing Youth Suicide: *Evaluating a School- and Family-based Prevention Program for High School Students in Washington and New Mexico*

Issue

Suicide is a leading cause of death among youth between the ages of 15 and 19. According to the 2001 Youth Risk Behavior Survey report, in a 12 month period 19% of U.S. students seriously considered attempting suicide, 14.8% made a specific plan, and 8.8% attempted suicide. Direct suicide risk factors include thoughts about suicide, suicide threats, and suicide attempts. A variety of factors have been associated with adolescent suicide risk behaviors, including stress, depression, anger/aggression, interpersonal conflict, and lower levels of coping and problem-solving skills. Effective programs are needed to address youth suicide risk behaviors and associated risk factors. Schools provide an excellent venue for the delivery of suicide prevention services and should be supported in their efforts to adopt and implement such programs.

“Even one death by suicide is one death too many. The challenge is to identify, evaluate, and promote community-based suicide prevention programs that work, and to create systems of service in which every door is an open door to help.”

Tommy G. Thompson
Former Secretary, Health and Human Services

Response

In Washington and New Mexico, a participatory school- and family-based project is underway to measure the effectiveness of a high school-based youth suicide prevention program that combines a skills-training group intervention for youth with two brief parent sessions. Additionally, the project seeks to identify factors associated with school readiness to adopt such programs. As part of the project, researchers will work collaboratively with schools and community partners to evaluate program effectiveness and increase infrastructure support for suicide prevention activities.

The specific aims of the project include the following:

- Examine the effectiveness of an indicated preventive intervention to decrease depression, anger/aggression, and suicide risk behaviors (e.g., thoughts, threats and attempts) and increase problem-solving coping skills and support resources among participating youth;
- Enhance the acceptability of suicide prevention programming in schools and increase school readiness to adopt such programming; and
- Examine the cost-effectiveness of the suicide prevention program.

Knowledge gained from this participatory project should assist schools and community organizations to adopt and implement effective youth suicide prevention programs and ultimately to improve the health and well-being of youth.

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More Information

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For more information about CDC's Community-based Participatory Prevention Research, please contact the Office of Public Health Research, CDC, 1600 Clifton Rd., MS D-72 Atlanta, GA 30030
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